

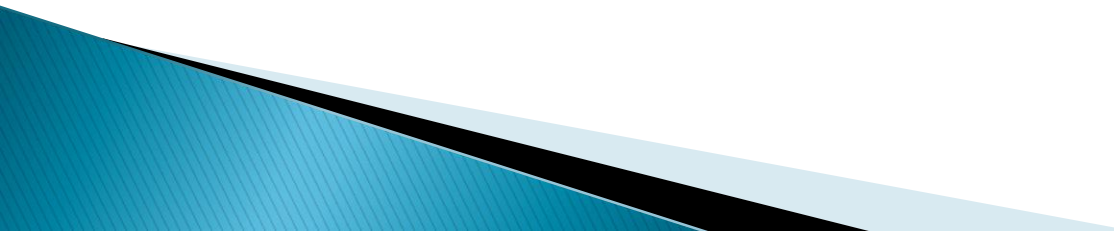
# *HIV 101 & 102*

Elton Naswood, Michelle Enfield & Mattee Jim

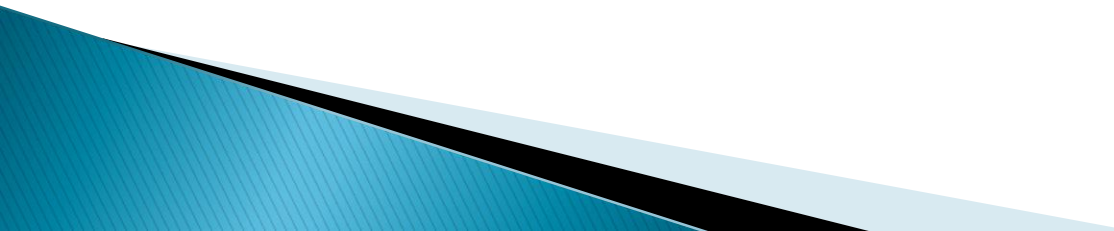
# What is HIV?

- ▶ H – Human
- ▶ I – Immunodeficiency
- ▶ V – Virus

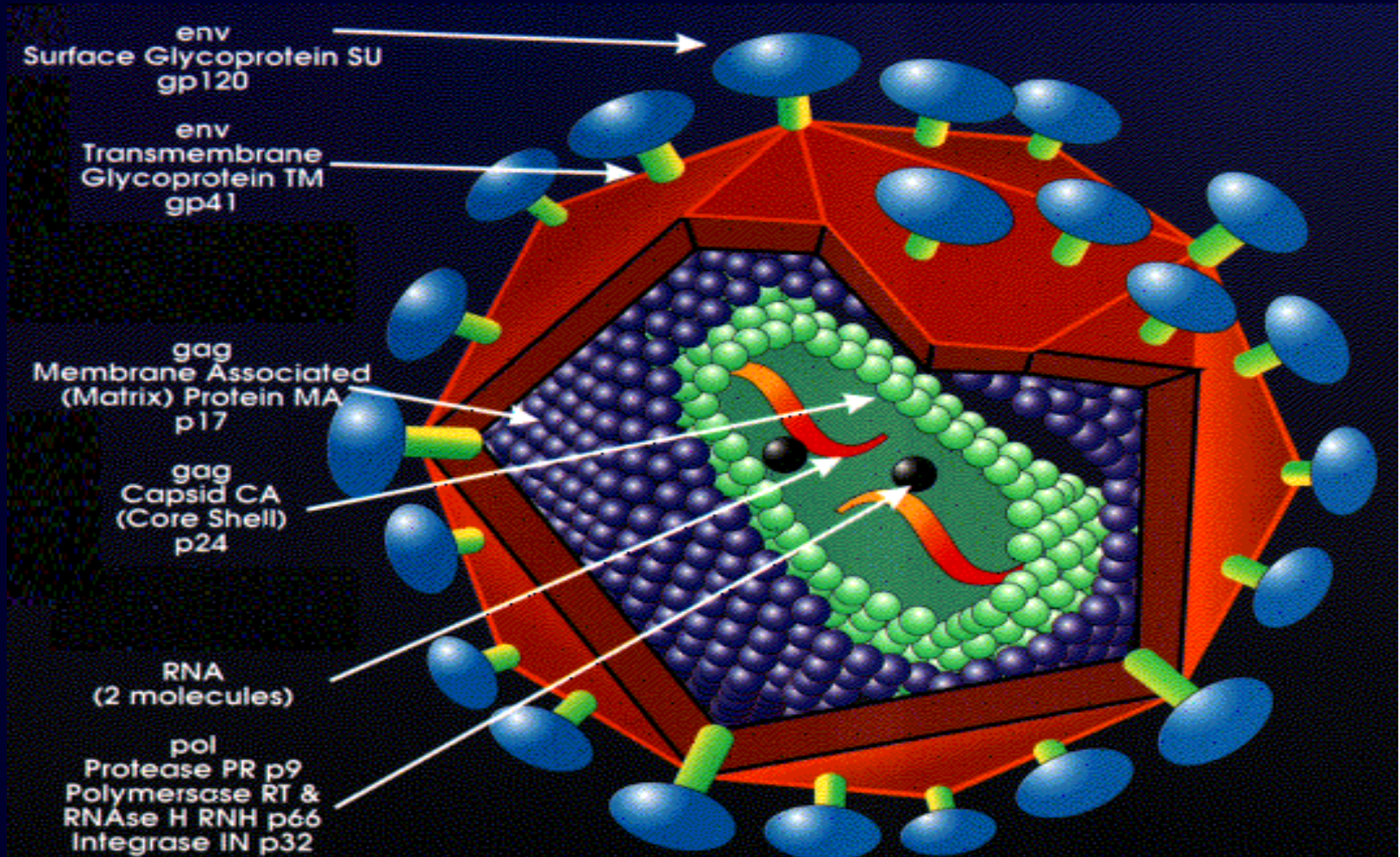
# What is AIDS?

- ▶ A – Acquired
  - ▶ I – Immuno
  - ▶ D – Deficiency
  - ▶ S – Syndrome
- 

# Ways HIV can be transmitted

- ▶ Unprotected Sex with someone who is infected
  - ▶ Sharing infected Needles
  - ▶ Mother to Child
  - ▶ Blood Transfusions
  - ▶ Blood/Body fluid to open wound contact
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# Anatomy of a Retrovirus



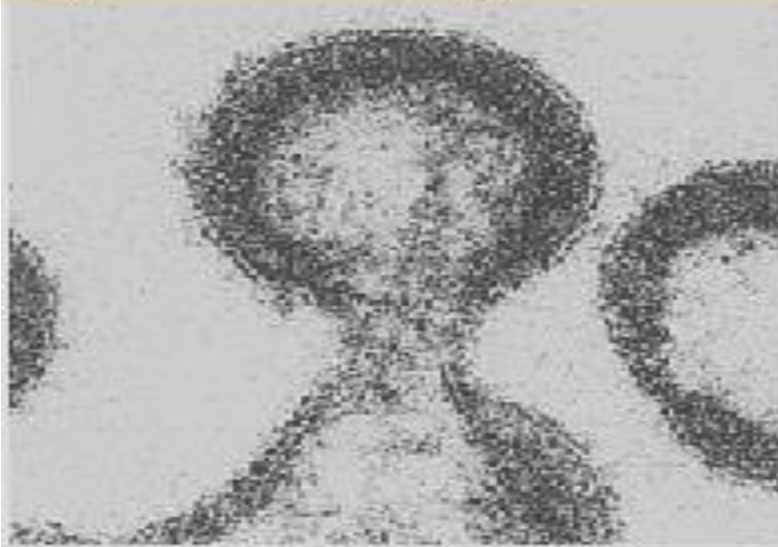
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Budding initiates



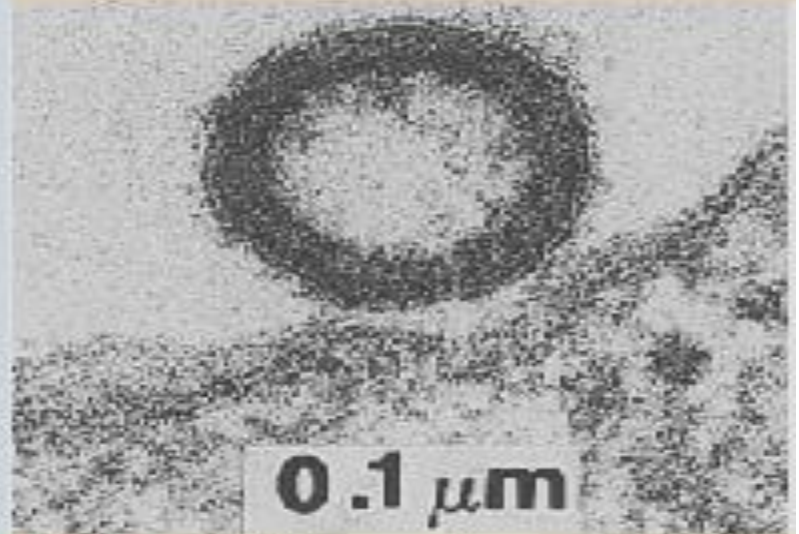
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Bud elongates



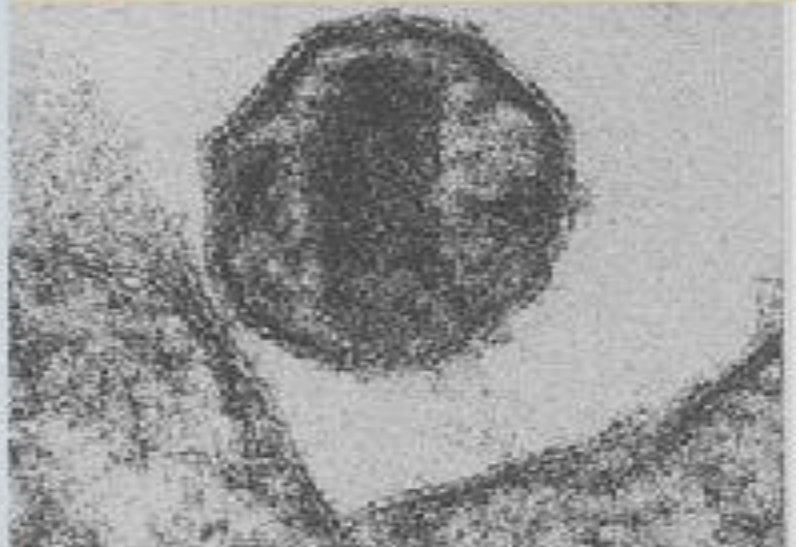
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Virus released

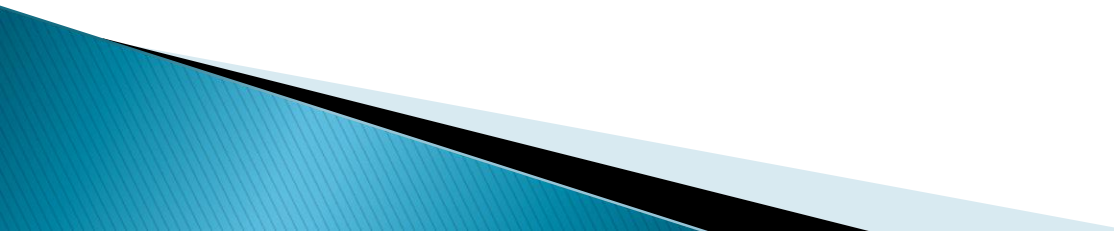


4

Virus matures



# What are Some of the Ways you can Prevent Yourself from Contracting HIV?

- **Abstinence**
  - **Monogomy**
  - **Condoms**
  - **Education**
  - **Communication**
  - **Get Tested (Status)**
  - **Don't share Needles**
  - **Access Services**
- 

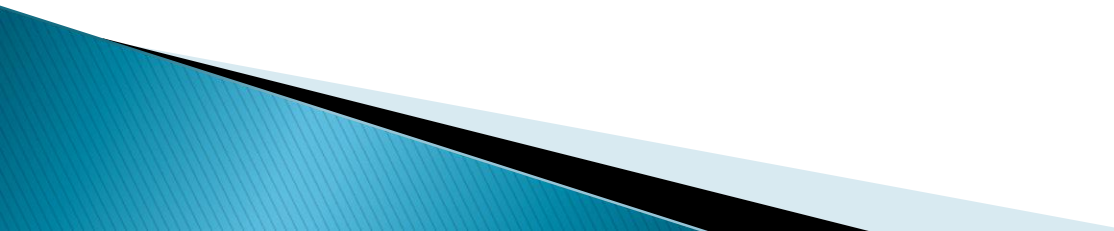
# Protect Your Pink Parts

- ▶ Eyes
  - ▶ Mouth
  - ▶ Urethra
- Vagina
  - Anus

**If the Body Fluid is not yours,  
DON'T TOUCH IT**



# The ABC's of Prevention

- ▶ A – Abstinence
  - ▶ B – Be Faithful
  - ▶ C – Condoms/Safer Sex Barriers
- 

# Harm Reduction

- ▶ Harm reduction– lessening the harm but still a risk
- ▶ Examples:
  - Cutting down on multiple partners;
  - Utilizing Syringe exchange programs;
  - Cleaning syringes in between usage;
  - Oral sex instead of Anal sex

# Biomedical Interventions

- ▶ PrEP = Pre-Exposure Prophylaxis
  - Pre-exposure prophylaxis, or PrEP, is a way for people who do not have HIV but who are at substantial risk of getting it to *prevent* HIV infection by taking a pill every day.
- ▶ PEP = Post Exposure Prophylaxis
  - PEP stands for post-exposure prophylaxis. It involves taking antiretroviral medicines as soon as possible, but no more than 72 hours (3 days) after you may have been exposed to HIV, to try to reduce the chance of becoming HIV-positive.
  - These medicines keep HIV from making copies of itself and spreading through your body

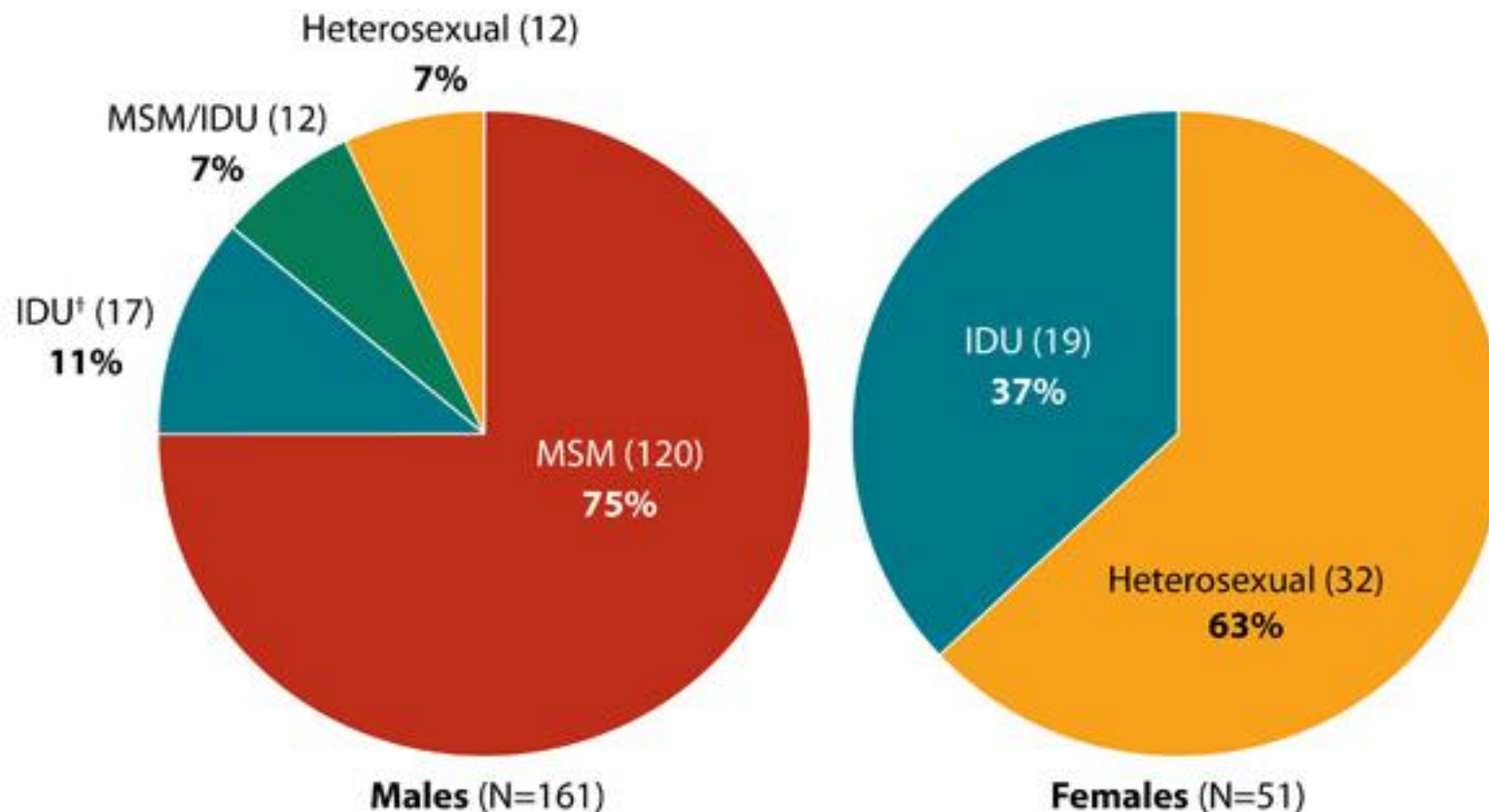
# HIV/AIDS In Indian Country

- American Indians and Alaska Natives (AI/AN) who represent about 1.7% of the US population. AI/AN represented less than 1% of estimated new HIV infections in 2010.
- AI/AN ranked 5<sup>th</sup> in estimated rates of HIV infection diagnoses in 2011, higher than Asians and whites.
- In 2010, AI/AN accounted for less than 1% (210) of the estimated 47,500 new HIV infections in the United States.

HIV/AIDS among American Indians and Alaska Natives  
Centers for Disease Control & Prevention, March 2013.

<http://www.cdc.gov/hiv/resources/factsheets/PDF/aian.pdf>

# Estimated Diagnoses of HIV Infection among Adult and Adolescent American Indians/Alaska Natives by Transmission Category and Gender, United States, 2011



HIV/AIDS among American Indians and Alaska Natives  
Centers for Disease Control & Prevention, March 2013.

<http://www.cdc.gov/hiv/resources/factsheets/PDF/aian.pdf>

# HIV in Indian Country

- The number of new HIV infections among AI/AN increased by 8.7% from 2007 to 2010 (Highest percent increase)
- 70% initial dual diagnosis HIV and AIDS – the highest rate of all reported races and ethnicities.
- AI/AN are not accessing or receiving the care & treatment after an HIV diagnoses.

Monitoring Selected National HIV Prevention and Care Objectives by Using HIV Surveillance Data—United States and 6 U.S. Dependent Areas, 2010  
Centers for Disease Control, January, 2013

<http://www.cdc.gov/hiv/surveillance/resources/reports/2010report/index.htm>

# HIV in Indian Country

- Only 75% of AI/AN individuals (13 years or older) that tested positive for HIV during 2010 were linked to medical care within 3 months after their diagnosis – lowest percentage of any of any group.
- Only 33% of AI/AN and 44% of Native Hawaiian individuals (13 years or older) that were diagnosed with HIV in 2008 had achieved viral suppression by the end of 2009. These are the 3<sup>rd</sup> and 4<sup>th</sup> lowest rates compared to other races/ethnicities.

Monitoring Selected National HIV Prevention and Care Objectives by Using HIV Surveillance Data—United States and 6 U.S. Dependent Areas, 2010  
Centers for Disease Control, January, 2013

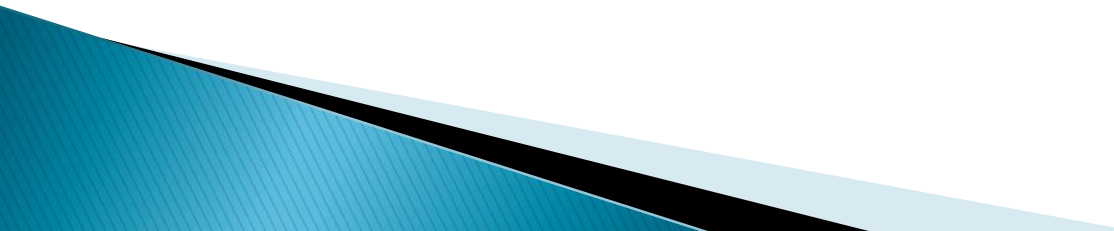
<http://www.cdc.gov/hiv/surveillance/resources/reports/2010report/index.htm>

# Challenges & Barriers

- ▶ There still exist **STIGMA** about HIV in Native communities and reservations.
  - **Homophobia & Transphobia**
  - **Injection Drug Use**
- ▶ **Mistrust** of service/medical providers
- ▶ Perceived breach of **Confidentiality**
- ▶ **Access** to HIV/AIDS services
- ▶ **Geography & Transportation** – rural/reservation/urban
- ▶ **Accurate Data**
  - Lack of reporting and/or misclassification
  - Need for data coordination – Tribal, IHS, State HD/Epi



# HIV Prevention Strategies

- ▶ HIV Testing and Counseling
  - ▶ Harm Reduction
  - ▶ HIV Prevention Interventions
  - ▶ Prevention with Positives
  - ▶ Peer Education
  - ▶ Education and Outreach
  - ▶ Social Marketing/Social Media
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**Community  
Mobilization**

**Social  
Marketing/Media**

**Treatment  
& Care**

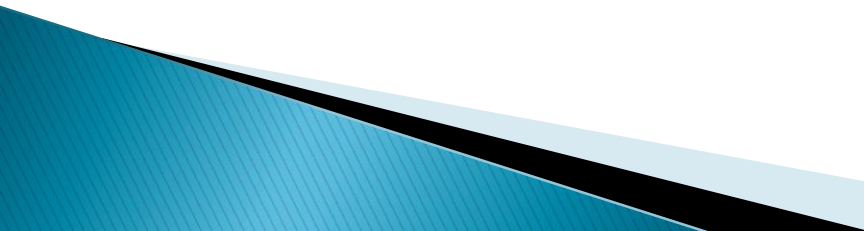


**Awareness  
& Education**

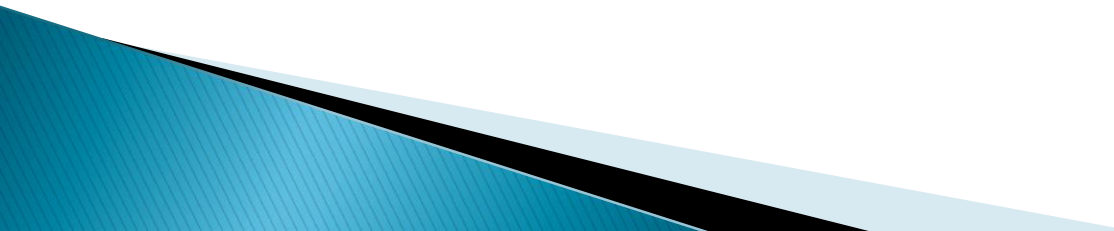
**Testing**

**Prevention**

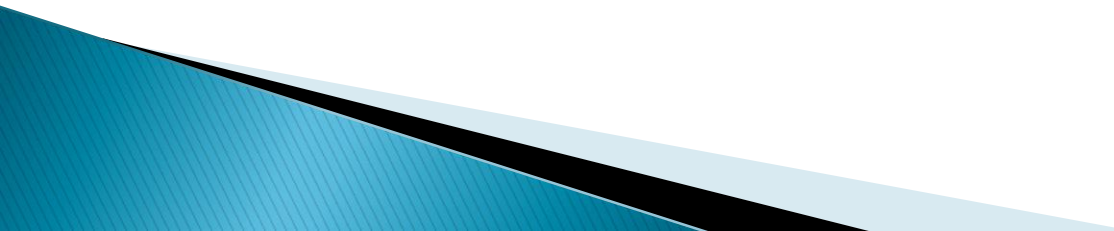
# Linkage to Care

- ▶ Knowledge of benefits of care and treatment
  - ▶ Navigating health systems
  - ▶ Historical & personal trauma and mistrust
  - ▶ High change over rate of service & medical providers in tribal health settings
  - ▶ Integrating traditional approaches to care
  - ▶ Having multiple basic needs unmet – acceptance, housing, food, substance use, and/or support systems.
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# Linkage to Care

- ▶ Awareness and education
  - ▶ Self-efficacy
  - ▶ Accessing medical care in a culturally appropriate setting
  - ▶ Adequate & appropriate referrals for care after HIV diagnosis – better health outcomes
  - ▶ Adhere to medication and treatment
  - ▶ Less likely to transmit virus to others
- 

# Strategies

- ▶ Reduce stigma and discrimination from health care delivery systems
  - ▶ Establish effective engagement and trust
  - ▶ Expand access to care
  - ▶ Ensure multidisciplinary team approach for treatment and care
  - ▶ Utilize a holistic Model of Wellness – Living in Balance
- 

# Threats Related to HIV/AIDS

- ▶ If the abused partner has HIV/AIDS, the abuser may threaten to tell others
- ▶ An HIV-positive abuser may suggest that s(he) will sicken and die if the abused partner ends the relationship, or the abused partner's health will fail and therefore s(he) must stay in the relationship.
- ▶ The abuser may withhold, throw away, or hide a partner's HIV medication, cancel medical appointments, or prevent the HIV-positive partner from receiving needed medical care. An HIV-positive abuser may even do the same thing to him/herself, in an attempt to blackmail the partner.

# Threats Related to HIV/AIDS

- ▶ An abuser may take advantage of an HIV-positive partner's poor health by using it as an excuse to limit contact with others, may assume sole power over the partner's economic affairs, and/or may foster an abused partner's complete dependency.
- ▶ The threat of physical violence is particularly potent to HIV-positive victims, who may be too weak to defend themselves, or who may fear that HIV-related complications from bruising, infections, and/or slow healing may result.
- ▶ An HIV-positive abuser may threaten to infect a partner.

# Questions & Comments

**Please feel free to ask questions and/or  
comments . . .**